

All items are to be complete and accurate.

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent ink or type-writer.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Funeral director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

Form VS-002 (1-1-57)

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS					
CERTIFICATE OF DEATH					
Dist No. <u>250</u>					
Serial No. <u>217</u>					
1. NAME OF DECEASED (Type or print)		a. (First)	b. (Middle)	c. (Last)	
		Rosa	Leona	Moorehead	
2. DATE OF DEATH		(Month)	(Day)	(Year)	
		4	13	1958	
3. PLACE OF DEATH		4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)			
a. COUNTY	b. CITY or TOWN		a. STATE	b. COUNTY	
Marion	Worthington		W Va	Marion	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. LENGTH OF STAY IN CITY OR TOWN		c. CITY or TOWN	
		X X		Worthington W Va	
e. IS PLACE OF DEATH INSIDE CITY LIMITS?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. IS RESIDENCE INSIDE CITY LIMITS?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
5. SEX		6. COLOR OR RACE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/>	
Female		White		8. DATE OF BIRTH	
				9. AGE (In years last birthday)	
				9 22 1879 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				Burning Springs W Va	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
William H. Lott		Susie Artimishia Mc Fee		W Va	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT	
				John P. Moorehead	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:				years	
4500 IMMEDIATE CAUSE (a) arteriosclerosis, generalized					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I(a)					
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
20c. TIME OF INJURY		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
Month, Day, Year, Hour		At WORK		20f. CITY or TOWN	
				COUNTY	
				STATE	
21. I attended the deceased from <u>30 April 57</u> , to <u>30 April 1957</u> and last saw the deceased alive on <u>30 April 1957</u>		22a. SIGNATURE		22b. ADDRESS	
Death occurred at <u>7:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		<u>M.D.</u>		<u>Fairmont, West Va</u>	
22a. SIGNATURE		22b. ADDRESS		22c. DATE SIGNED	
<u>Blanche Black</u>		<u>Fairmont, West Va</u>		<u>12 May 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
Burial		4 16 1958		Maple Grove	
24. DATE REG'D. BY LOCAL REG.		25. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR	
5-21-58		<u>Blanche Black</u>		<u>E. Fairmont</u>	
				ADDRESS	
				150 Monongah W Va	

MEDICAL CERTIFICATION